Maricopa County Dental Only Alt ID Form

301 W. Jefferson Ste#201 Phoenix, AZ 85003 602-506-1010 602-506-2354

Employee Name (Please Print)	
Employee ID # (Please Print)	
Please be aware that Social Security numbers are the most reliable means of identifying an individual. One way we hope to achieve this identification is by requesting that participants provide their Social Security numbers. This helps ensure all the information we receive from you in the course of administering benefits remains uniquely yours.	
Should you still wish Maricopa County Employee benefits office to assign you an alternative identification number, please sign, date and return this form.	
I,, request that Maricopa County Employee benefits office assign an alternative identification number to me. I am aware of the potential impacts identified in this letter associated with the use of an identification number other than my Social Security number.	
Signed:	Date:
For Employee Benefits Office Use Only	Alt-ID#
Benefits Coordinator	Date Entered